Letter dated: March 4, 2013



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

Dornoch Medical Systems, Incorporated % Mr. Larry Smith Quality Manager 200 Northwest Parkway Road Riverside, Missouri 64150

Re: K123188

Trade/Device Name: Dornoch Medical Systems

Regulation Number: 21 CFR 878.4780 Regulation Name: Powered suction pump

Regulatory Class: Class II Product Code: JCX Dated: January 28, 2013 Received: February 15, 2013

Dear Mr. Smith:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark NaMelkerson -S

Mark N. Melkerson
Acting Director
Division of Surgical Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

2.0 Indications for Use

| Applicant: Dornoch Medical Systems | |
|--|---|
| 510(k) Number (if known): K1231 | 88 |
| Device Name: Dornoch Ultra Suction Sys | tem |
| Indications for Use: | |
| The Dornoch Transposal Ultra System is self to collect and dispose of liquid waste within Surgical Outpatient Centers, and Doctor's Office of the Control of | Hospital Operating Rooms, Pathology Labs, |
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| Prescription Use X AND/O (Part 21 CFR 801 Subpart D) | OR Over-The-Counter Use(21 CFR 801 Subpart C) |
| | LINE-CONTINUE ON ANOTHER PAGE EDED) |
| Concurrence of CDRH, Office | of Device Evaluation (ODE) |
| Kareem S. Burney; S 2013.03.01 12:13:06 -05'00' | |
| (Division Sign-Off) | |
| Division of Surgical Devices | |
| 510(k) Number <u>K123188</u> | |